

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 22 / 2014</div> </div>	

Full Name of Payee <b>National Association of REALTORS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014	
Mailing Address 430 N Michigan Ave		Amount 300.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E559465DFB77B4357920
Purpose of Expenditure Consulting Services	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Sen. Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mentzer Media Services, Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014	
Mailing Address 600 Fairmount Ave Ste 306		Amount 321000.00	
City Towson	State MD	Zip Code 21286-1002	Transaction ID : EFE00154863524104B35
Purpose of Expenditure TV Production costs & online media buy	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Sen. Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	321300.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 22 / 2014

Signature

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Form/Schedule: F24A

Transaction ID :

Amendment: This report is to amend a report filed earlier today, 5/22/14, which had a verbage page added to it in error. The verbage was from a previously filed report and should have been removed. All other aspects of this report remain unchanged and there should be no verbage on the new 24 hr report filed today.

Form/Schedule:

Transaction ID:

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 05 / 22 / 2014	

Full Name of Payee <b>NMB Research LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014	
Mailing Address 214 N Fayette St		Amount 27000.00	
City Alexandria	State VA	Zip Code 22314-2433	Transaction ID : EACAE3BA6D65B4CDC91
Purpose of Expenditure Polling costs	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Sen. Thad Cochran		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MS	
Calendar Year-To-Date Per Election for Office Sought 377475.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	27000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	348300.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 22 / 2014

Signature